



U.S. Department
of Veterans Affairs

San Francisco VA Health Care System Psychiatric Mental Health Nurse Practitioner (PMHNP) Residency Program

Letter of Recommendation

Your Name: First _____ Last _____

Credentials (i.e. MD, NP, PhD, MS, MA etc.) _____

Your e-mail: _____ Your phone: (____) _____

Applicant Name (First and Last): _____

Your relationship to the applicant (Please check one):

☐ Academic Advisor/Mentor ☐ Preceptor ☐ Professor ☐ Supervisor ☐ Colleague ☐
Other (specify) _____

Please visit our [website](#) to learn more about our program mission and requirements.

Please use as much space as you need to answer the questions below.

1. Please comment on the applicant's clinical competence:

2. Please list a few of the applicant's achievements relevant to their application to our program:

3. Please comment on the applicant's potential for successfully completing our program and how this will advance their career:

Please e-mail this completed letter to v21sfcpmhnpresidencyandtraining@va.gov by February 1, 2024. The applicant's package will not be considered complete without this letter. Thank you!